

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED OCT 10 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 30259

Registration District No. 1

Primary Registration District No. 40-8-2 4021

Registrar's No.

1. PLACE OF DEATH:

(a) County Audrain County  
(b) City or town Ladonia  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. (Specify whether  
In this community years, months or days)

3. (a) PRINT FULL NAME Frank Elmer Gorman

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Katherine Gorman 6. (c) Age of husband or wife if alive years  
7. Birth date of deceased August 15 1847  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
80 1 10 hr. min.

9. Birthplace New York New York  
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business

12. Name Charles Gorman  
13. Birthplace Sweden  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Charles Gorman  
(b) Address Ladonia, Mo.

17. (a) Burial (b) Date thereof Sept. 27 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ladonia Cemetery

18. (a) Signature of funeral director Clay C. Wilbey

(b) Address Ladonia, Mo.

19. (a) Oct. 4, 47 (b) Mo. Joe Carter  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Audrain  
(c) City or town 0  
(If outside city or town limits, write "RURAL")  
(d) Street No. 0  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 25  
year 1947 hour 9-PM minute 20 P.M.

21. I hereby certify that I attended the deceased from Sept 1-47  
to Sept 25, 1947;  
that I last saw him alive on Sept 25, 1947;  
and that death occurred on the date and hour stated above.

Immediate cause of death Atherosclerosis Duration 8 1/2 hrs

Due to Hypertension

Due to

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations 830  
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)  
(b) Date of occurrence  
(c) Where did injury occur? (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature W. K. M. Hall (M. D. or other)  
Address Ladonia, Mo. Date signed 9-

RECEIVED  
District Health Officer No. 10  
District File Number 10-47-1378  
Date Filed OCT - 8 1947

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

John J. Ellis....., Registered Apprentice No. 494,  
working under my personal supervision.

Signed.....Olyde Wilkey.....

Licensed Embalmer No. 3800

P. O. Address.....Perry, Mo.

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**